



Aged Care  
Standards and Accreditation Agency Ltd

## **Sunbury Lions Community Aged Care**

RACS ID 3187  
29 Timins Street  
SUNBURY VIC 3429

Approved provider: Sunbury Community Health Centre

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 29 June 2016.

We made our decision on 08 May 2013.

The audit was conducted on 26 March 2013 to 27 March 2013. The assessment team's report is attached.

After considering the submission from the home including actions taken by the home, we decided that the home does now meet expected outcome 1.2 Regulatory compliance.

We will continue to monitor the performance of the home including through unannounced visits.

## Most recent decision concerning performance against the Accreditation Standards

### Standard 1: Management systems, staffing and organisational development

#### Principle:

Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

Expected outcome	Accreditation Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

### Standard 2: Health and personal care

#### Principle:

Residents' physical and mental health will be promoted and achieved at the optimum level in partnership between each resident (or his or her representative) and the health care team.

Expected outcome	Accreditation Agency decision
2.1 Continuous improvement	Met
2.2 Regulatory compliance	Met
2.3 Education and staff development	Met
2.4 Clinical care	Met
2.5 Specialised nursing care needs	Met
2.6 Other health and related services	Met
2.7 Medication management	Met
2.8 Pain management	Met
2.9 Palliative care	Met
2.10 Nutrition and hydration	Met
2.11 Skin care	Met
2.12 Continence management	Met
2.13 Behavioural management	Met
2.14 Mobility, dexterity and rehabilitation	Met
2.15 Oral and dental care	Met
2.16 Sensory loss	Met
2.17 Sleep	Met

**Standard 3: Resident lifestyle****Principle:**

Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential care service and in the community.

Expected outcome		Accreditation Agency decision
3.1 Continuous improvement		Met
3.2 Regulatory compliance		Met
3.3 Education and staff development		Met
3.4 Emotional support		Met
3.5 Independence		Met
3.6 Privacy and dignity		Met
3.7 Leisure interests and activities		Met
3.8 Cultural and spiritual life		Met
3.9 Choice and decision-making		Met
3.10 Resident security of tenure and responsibilities		Met

**Standard 4: Physical environment and safe systems****Principle:**

Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

Expected outcome		Accreditation Agency decision
4.1 Continuous improvement		Met
4.2 Regulatory compliance		Met
4.3 Education and staff development		Met
4.4 Living environment		Met
4.5 Occupational health and safety		Met
4.6 Fire, security and other emergencies		Met
4.7 Infection control		Met
4.8 Catering, cleaning and laundry services		Met



Aged Care  
Standards and Accreditation Agency Ltd

# Audit Report

**Sunbury Lions Community Aged Care 3187**

**Approved provider: Sunbury Community Health Centre**

## Introduction

This is the report of a re-accreditation audit from 26 March 2013 to 27 March 2013 submitted to the Accreditation Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, resident lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Accreditation Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

## Assessment team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

- 43 expected outcomes

The information obtained through the audit of the home indicates the home does not meet the following expected outcomes:

- 1.2 Regulatory Compliance.

# Audit report

## Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 26 March 2013 to 27 March 2013.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

The audit was against the Accreditation Standards as set out in the Quality of Care Principles 1997.

## Assessment team

Team leader:	Tamela Dray
Team member:	Jenny Salmond

## Approved provider details

Approved provider:	Sunbury Community Health Centre
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## Details of home

Name of home:	Sunbury Lions Community Aged Care
RACS ID:	3187

Total number of allocated places:	33
Number of residents during audit:	28
Number of high care residents during audit:	17
Special needs catered for:	None.

Street:	29 Timins Street	State:	Victoria
City:	Sunbury	Postcode:	3429
Phone number:	03 9744 7001	Facsimile:	03 9740 9894
E-mail address:	admin@sunburychc.org.au		

## Audit trail

The assessment team spent two days on-site and gathered information from the following:

### Interviews

	Number		Number
Management	3	Residents	7
Nursing and care staff	5	Hospitality staff	2
Lifestyle staff	2	Volunteers	1
Administration assistant	1	Care services contractor	1

### Sampled documents

	Number		Number
Residents' files	5	Medication charts	6
Summary/quick reference care plans	5	Residents' administration files	6
Residents' lifestyle related documentation	6	Personnel files	4

### Other documents reviewed

The team also reviewed:

- Accreditation visit notice displayed
- Activities' documents including calendar, attendance and evaluations
- Approved supplier contracts
- Audit schedule, audit tools and results
- Bed stick risk assessments
- Charter of residents' rights and responsibilities (on display)
- Clinical documentation including charts, assessments, risk assessments and progress notes
- Continuous improvement register and associated documentation across four Standards
- Cultural care kit
- Education documentation
- Emergency procedures manual
- Essential services records and 'Annual essential safety measures report'
- Food safety documentation
- Handover sheet
- Human resource documents
- Incident report forms and related documentation and analysis
- Maintenance documentation
- Mandatory reporting register and associated documentation and education processes
- Meetings' schedule and minutes

- Menu on display
- Menu assessment by dietitian
- Occupational health and safety policy and process
- Opportunities for improvement form and register
- Orientation handbook
- Pest control documentation
- Police certificate register for internal staff and monitoring process for external contractors and volunteers
- Policies and procedures
- Position descriptions
- Residents' evacuation list (current)
- Residents' information handbook and residents' newsletter
- Self assessment summary
- Self medication assessments
- Staff roster and shift duty lists
- Vision, philosophy and values statements

### **Observations**

The team observed the following:

- Activities in progress
- Availability of personal protective equipment
- Call bell system
- Charter of residents' rights and responsibilities (on display)
- Cleaning in progress
- Equipment and supply storage areas
- Evacuation maps, pack and fire orders
- Exits, egress routes and illuminated exit signs
- External services provider (eye care) on site
- Feedback form availability and confidential mail boxes
- Fire panel, plans, fire detection, fire alarms, signage, isolation systems and fire fighting equipment
- Hair salon
- Hand hygiene and wash stations
- Living environments
- Meal and beverage services
- Nursing/care staff station and treatment area
- Pamphlet displays and information notice boards
- Photo boards

- Sign in and out book
- Staff and resident interactions
- Storage of medications
- Transfer and mobility assistance equipment
- Vision, mission and values statements (on display)



## Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

### Standard 1 – Management systems, staffing and organisational development

**Principle:** Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

#### 1.1 Continuous improvement

*This expected outcome requires that "the organisation actively pursues continuous improvement".*

#### Team's findings

The home meets this expected outcome

Management ensures the quality system actively pursues continuous improvements across the Standards. The service's level of performance in relation to management systems, meeting residents' needs and environmental and safety systems is monitored through a schedule of audits. Observation, informal and formal feedback, the regular analysis of key performance indicators and a schedule of planned meetings add insight into potential improvements. The documentation of a continuous improvement register enables monitoring of progress towards satisfactory outcomes. Evaluations of improvements occur through a system of formal and informal processes and management communicates outcomes to key stakeholders. Staff and residents confirmed they are encouraged to provide input and are aware of improvements occurring in the home.

Examples of recent improvements undertaken or in progress that relate to Standard 1 Management systems, staffing and organisational development include the following:

- Following feedback from residents, management reviewed the skill mix of care related staff. As a result management replaced the care coordinator position, filled by an enrolled nurse, with a registered nurse in the new role of nurse unit manager. Management is very satisfied with the consistent support for the increasingly complex care needs of residents provided by the enhanced registered nurses availability across the roster. Residents confirm their satisfaction with the greater consistency of care and staff appreciate greater access to informed guidance. As a result of ongoing evaluation management plans to support the supernumerary role of the nurse unit manager two days a week with support from increased registered/enrolled nurse shifts. Evaluation continues.
- Management has recognised opportunities exist to improve the documentation of care assessments and plans and the guidance offered to staff through the associated policy and procedure system. The recent replacement of the computer server has facilitated the planned upgrade of the electronic care documentation system scheduled for April 2013. Following implementation, management plan a full review of the policies and procedures with the aim to integrate guidelines used in the community sector of the organisation. In addition a document register will clarify the variety of assessment and care planning tools used at the home. Staff education and ongoing evaluation is planned to guide the implementation of these strategies.
- Management recognised opportunities to enhance the information provided through the 'Opportunities for improvement' form and the follow-up process. To be more easily recognisable to users the form was coloured green. The format now includes a specific reference to hazards and reformatting of the back of the form provides a link to the continuous improvement process. Residents and staff are familiar with the use of and access to the 'green' forms. Management reported that as a result of the specific

reference to hazards a separate hazard register is in development to track related actions. Evaluation is ongoing.

- To establish lines of communication with staff, the new manager implemented a monthly staff newsletter. Staff provided positive feedback in relation to this regular source of information received with their pay slip.

## **1.2 Regulatory compliance**

*This expected outcome requires that “the organisation’s management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines”.*

### **Team’s findings**

The home does not meet this expected outcome

The organisation’s management systems do not ensure compliance with all relevant legislation and regulatory requirements relating to management systems, staffing and organisational development. The implementation of a more streamlined process to manage the police certificate database kept for current staff, resulted in an unrecognised lack of formal responsibility for the maintenance of the content.

## **1.3 Education and staff development:**

*This expected outcome requires that “management and staff have appropriate knowledge and skills to perform their roles effectively”.*

### **Team’s findings**

The home meets this expected outcome

The home has recently established systems to ensure management and staff have the ongoing knowledge and skills to perform their roles effectively. The identification of training needs occurs through a number of sources including management analysis of education gaps, staff requests and resident needs. Management has recently implemented a monthly calendar for the home and it includes all in house education sessions. The home has a mandatory training program in place and staff attendance at monitors and records staff attendance at education sessions. The organisation has paid study days available to staff and management encourages and supports staff to attend outside training which is deemed of benefit to the home. Education is a standing agenda item at staff meetings and management use this time to provide short education sessions and updates in addition to the structured education plan. Staff expressed their satisfaction with the education available to them. Residents and representatives are satisfied staff have appropriate knowledge and skills.

Examples of education and training provided in relation to Standard one include:

- accreditation
- documentation
- team building.

#### **1.4 Comments and complaints**

*This expected outcome requires that "each resident (or his or her representative) and other interested parties have access to internal and external complaints mechanisms".*

##### **Team's findings**

The home meets this expected outcome

Management has systems to ensure each resident, their representative and other interested parties have access to internal and external complaints mechanisms. Information about comments and complaints is included in resident and staff handbooks and pamphlets outlining external complaints advocates are readily available. Through a variety of communication strategies stakeholders are encouraged to raise their concerns in person with management and staff or to use the home's feedback form. Management reviews all feedback and strives to ensure timely resolution. As appropriate an action plan is developed and monitored through the opportunities for improvement or continuous improvement registers. Staff demonstrated their commitment to facilitating a positive outcome for residents. Residents said they feel comfortable approaching management and staff with feedback and have ready access to a feedback form.

#### **1.5 Planning and leadership**

*This expected outcome requires that "the organisation has documented the residential care service's vision, values, philosophy, objectives and commitment to quality throughout the service".*

##### **Team's findings**

The home meets this expected outcome

Management has documented the residential care service's vision, philosophy and values and displays these in the foyer of the home. The management team meet regularly with other managers from within the organisation. The service's quality program results in consultation and communication with residents, staff and other stakeholders.

#### **1.6 Human resource management**

*This expected outcome requires that "there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives".*

##### **Team's findings**

The home meets this expected outcome

Management employs appropriately skilled and qualified staff sufficient to ensure service delivery in accordance with these standards and the residential care service's vision, philosophy and values. The recruitment process includes an interview and reference, police and qualification checks. New staff participate in an orientation processes and management provides buddy shifts to support staff settle into their new role. Position descriptions, duty lists and management supervision enhances staff understanding of their roles and responsibilities. Management identify staffing needs through the monitoring of resident care needs and feedback. Designated staff undertake roster management. Performance monitoring occurs through observations of practice and analysis of incidents, key performance indicators, audits and stakeholder feedback. Staff are generally satisfied with the level of staffing and residents are content with the skills and responsiveness of staff working at the home.

## **1.7 Inventory and equipment**

*This expected outcome requires that "stocks of appropriate goods and equipment for quality service delivery are available".*

### **Team's findings**

The home meets this expected outcome

The home has a system to ensure stocks of appropriate goods and equipment for quality service delivery are available. Administration staff add all new equipment to an asset register with a list of suppliers for maintaining the goods. Management ensure staff receive education on any new equipment purchased for the home. There is a preventative maintenance program in place. Ordering of goods is completed by staff from the various areas of the home such as kitchen, cleaning and clinical areas and occurs in liaison with the administration staff when needed. The home has sufficient storage for goods and equipment. Residents, their representatives and staff said they were satisfied with the goods and equipment in the home.

## **1.8 Information systems**

*This expected outcome requires that "effective information management systems are in place".*

### **Team's findings**

The home meets this expected outcome

Management and staff have access to policies and resource documentation. Appropriate stakeholders have access to current information on the processes and general activities and events of the home. Management and staff have access to accurate and appropriate information to help them perform their roles. Resident and staff handbooks, newsletters and noticeboards compliment information disseminated during shift handover, at meetings and electronically. Password control of electronic data is in place and daily backup of electronic information occurs. Secure storage, archiving and destruction of confidential documents is practiced. Residents and staff expressed satisfaction with the level of information provided including opportunities for feedback and communication with management.

## **1.9 External services**

*This expected outcome requires that "all externally sourced services are provided in a way that meets the residential care service's needs and service quality goals".*

### **Team's findings**

The home meets this expected outcome

The home provides externally sourced services to meet the residential care service's needs and service quality goals. Management has a current list of contracted providers and staff review the service provision regularly to ensure the service provided is optimal. Contractual requirements ensure the contractors meet all statutory obligations and administration staff at the home view police certificates. Where possible, the home sources local companies to provide service. Residents, their representatives and staff said they are satisfied with the services provided by contractors in the home.

## **Standard 2 – Health and personal care**

**Principle:** Residents' physical and mental health will be promoted and achieved at the optimum level, in partnership between each resident (or his or her representative) and the health care team.

### **2.1 Continuous improvement**

*This expected outcome requires that “the organisation actively pursues continuous improvement”.*

#### **Team's findings**

The home meets this expected outcome

Management actively pursues continuous improvement across all aspects of residents' health and personal care. Residents state they are very satisfied with the quality of care provided by staff to residents and their families. Refer to expected outcome 1.1 Continuous improvement for details of the service's continuous improvement systems.

Examples of recent improvements undertaken or in progress that relate to Standard 2 Health and personal care include the following:

- A review of incident reports following the managers first month at the home highlighted the lack of a falls risk assessments or formal response process. As a result, the physiotherapist completes a falls risk assessment tool for each resident and an incident report is required following each resident fall. Staff received education on the required management of a resident following a fall and demonstrated an understanding of the required falls management process. Management is satisfied that the process provides a heightened awareness of falls risk minimisation strategies for residents at risk. As a result of improved reporting the falls data, included in the monthly key performance indicator reports, is accurate. Evaluation is ongoing.
- The development of an advanced care planning tool followed identification that no process was in place to document each resident's wishes. In consultation with the mental health nurse, management involved staff in implementing the related consultation process. Staff, sensitive to residents and their families, are working to ensure documentation of their wishes. Management report the blank form, together with an explanatory letter, is part of the admission pack and discussed with the resident and/or their representative prior to entry to the home. Evaluation is ongoing.
- Management recognised there was no formal care consultation process. To facilitate an initial consultation with residents' families the new process was initially linked to the advanced care planning process. Management reports satisfaction that care consultations have occurred for the majority of residents and the nurse unit manager will take responsibility for sustainability of the system this year. Evaluation is ongoing.
- To address the lack of secure medication storage in the nurses/care staff station, management developed a secure medication room. Reinforcement of the ceiling and bars on the windows compliment a secure access door. A purpose built medication trolley replaced the old metal trolley and a medication refrigerator, secure cupboards and a drugs of addiction safe were installed. Staff appreciate the security offered by the medication room and management is satisfied the room complies with legislative requirements for medication storage.

## **2.2 Regulatory compliance**

*This expected outcome requires that “the organisation’s management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about health and personal care”.*

### **Team’s findings**

The home meets this expected outcome

Management has systems in place to identify and comply with all relevant legislation, regulatory requirements, professional standards and guidelines about health and personal care. Senior management remain apprised of legislative changes through memberships of peak body organisations, legislative update services and notifications from government and professional bodies. Established communication processes disseminate changes to all relevant staff. Observation, an auditing process and incident analysis forms a framework for monitoring regulatory compliance. Staff confirmed management keeps them informed of changes.

Examples of responsiveness to regulatory compliance relating to Standard 2 Health and personal care include the following:

- Staff demonstrate compliance with regulatory requirements regarding medication management and storage.
- Management have policies and procedures in place and staff are aware of their responsibilities in relation to unexplained absences of residents.
- Registered nurses oversee specialised nursing care and ensure clinical guidance and support for staff is always available.

## **2.3 Education and staff development**

*This expected outcome requires that “management and staff have appropriate knowledge and skills to perform their roles effectively”.*

### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home’s education and staff development systems and processes.

Education conducted relating to Standard 2 Health and personal care includes:

- behaviour management
- continence management
- nursing competencies
- wound care.

## **2.4 Clinical care**

*This expected outcome requires that “residents receive appropriate clinical care”.*

### **Team’s findings**

The home meets this expected outcome

Staff and management ensure that residents receive appropriate clinical care. The nurse unit manager or registered nurses assess residents’ needs upon entry to the home and plans of

care are developed around these assessed needs. Review of resident care occurs monthly through the resident of the day program and as changes in health status require. Documentation generally ensures that clinical care is monitored through charts, assessments, care plans and progress notes. Registered nurses, enrolled nurses and care staff provide clinical care to residents according to their assessed needs and preferences. Residents and representatives confirmed their satisfaction with the clinical care provided to residents. Staff stated they are aware of residents' needs and said appropriately qualified staff provide care.

## **2.5 Specialised nursing care needs**

*This expected outcome requires that "residents' specialised nursing care needs are identified and met by appropriately qualified nursing staff".*

### **Team's findings**

The home meets this expected outcome

Registered nurses and the nurse unit manager assess, plan, manage and review specialised nursing care needs. Specialised nursing care currently occurs in a number of areas including medication management, diabetic care, wound management, complex behaviour management, catheter care and palliative nursing. Specialised nursing care occurs in consultation with specialist nurses from local hospital in-reach programs or nurse consultants if required. Monitoring of specialised nursing care needs is through care plan reviews, audits and feedback from residents and representatives. Residents and representatives said they are satisfied with specialised nursing care provided to residents.

## **2.6 Other health and related services**

*This expected outcome requires that "residents are referred to appropriate health specialists in accordance with the resident's needs and preferences".*

### **Team's findings**

The home meets this expected outcome

Staff ensure the referral of residents to specialists and other health services as required and preferred. Medical practitioners visit the home regularly and residents can choose to retain their own doctor. The contracted physiotherapist assesses residents when they enter the home, reviews needs regularly and after a fall. They also assess and plan for residents requiring assistive devices for mobility such as bed poles. A podiatrist visits regularly and referral to the speech pathologist and dietitian occurs as needed. The home makes provisions for visiting allied health providers such as optometrists and dental technician services and assistance is available for residents to attend outside appointments if needed. Residents confirmed their referral to specialists and allied health staff.

## **2.7 Medication management**

*This expected outcome requires that "residents' medication is managed safely and correctly".*

### **Team's findings**

The home meets this expected outcome

Registered nurses manage and oversee medication administration. Enrolled and registered nurses correctly administer medication from dose administration aids. Current photos on their medication charts identify residents and the home has a policy for assessing and managing residents who wish to self-administer any medication. Pharmacist reviews of medication occur. A medication advisory committee discusses any medication issues at regular

meetings. We observed general medications are stored securely and controlled drugs are stored with additional security. Residents and representatives confirmed medication administration to residents occurs in a safe and timely manner.

## **2.8 Pain management**

*This expected outcome requires that “all residents are as free as possible from pain”.*

### **Team’s findings**

The home meets this expected outcome

Staff ensure residents’ pain management occurs appropriately. Assessment of residents for previous and current pain occurs on entry to home. Regular review of residents’ pain occurs as part of the resident of the day program and as changes in pain status indicate. The home implements a variety of pain management strategies with and without the use of medication. Liaison with doctors and physiotherapists ensures pain management is optimal. Additional pain consultation occurs during the palliative phase and involves input from local hospital in-reach programs if needed. Residents said staff respond appropriately whenever they have pain.

## **2.9 Palliative care**

*This expected outcome requires that “the comfort and dignity of terminally ill residents is maintained”.*

### **Team’s findings**

The home meets this expected outcome

The home accesses medical care for residents as necessary during the palliative care phase and seeks outreach support from local hospitals and palliative services as needed. Additional nursing care, spiritual and complementary care is available to residents and support is accessible to families at this time. Families are encouraged to contact staff at any time during the final phase of a resident’s life and visitors have access to assistance and support to stay at their loved one’s side for extended hours. The home generally establishes a resident’s advanced care wishes upon entry to the home and revisits these wishes as the resident’s health needs require. Review of documentation indicates palliative care delivery occurs through appropriately qualified staff in consultation with the resident’s medical practitioner and family.

## **2.10 Nutrition and hydration**

*This expected outcome requires that “residents receive adequate nourishment and hydration”.*

### **Team’s findings**

The home meets this expected outcome

The home ensures the adequate management of residents’ nutrition and hydration needs. On entry staff assess the residents’ nutrition and hydration needs and care plans and catering information ensure the delivery of these needs. When assessing nutrition and hydration, staff consider allergies, preferences and clinical needs. Weight management programs, which may include the use of supplementation or restrictions, help manage losses and gains in weight and occur in consultation with the dietitian. The rotating menu and the provision of alternative meals ensures catering services allow for individual preferences. A speech pathologist provides input into care and staff are aware of residents’ requirements for



texture-modified diets and thickened fluids. Residents said they are happy with the food provided.

### **2.11 Skin care**

*This expected outcome requires that “residents’ skin integrity is consistent with their general health”.*

#### **Team’s findings**

The home meets this expected outcome

Staff assess and care for residents in a way that promotes optimal skin integrity. Skin integrity is assessed on entry to the home, when care plans are reviewed and as health needs change. Promotion of skin integrity occurs through the application of a barrier cream as well as attendance to pressure area care as needed. Further enhancement of skin integrity occurs through the provision of pressure relieving devices such as furniture, mattresses and cushions. Assistance for residents to maintain their skin, hair and nails in a healthy state is given and a visiting podiatrist and hairdresser help them maintain their nails and hair. Monitoring of skin tears and wounds occurs, with records of care provided reflected on appropriate charts. Specialised consultation is available from wound care specialists from local hospital networks if further advice is required. Residents are satisfied with the home’s approach to maintaining their skin integrity.

### **2.12 Continence management**

*This expected outcome requires that “residents’ continence is managed effectively”.*

#### **Team’s findings**

The home meets this expected outcome

Staff ensure the discreet and dignified management of residents’ continence needs. Registered nurse assesses residents’ continence needs on entry to the home and as their needs change. Assessments take into consideration the staff assistance levels required by the resident and any continence aids needed. The home’s approach to continence management encourages promotion of resident independence. Staff discreetly attend to residents’ continence care and verify they have access to sufficient continence aids for residents’ needs. The company that supplies continence aids provides education to staff at the home to ensure aids are appropriate for the residents’ individual needs. Residents are satisfied with their continence care and the promotion of their independence in this area where safely possible.

### **2.13 Behavioural management**

*This expected outcome requires that “the needs of residents with challenging behaviours are managed effectively”.*

#### **Team’s findings**

The home meets this expected outcome

Staff ensure the effective management of residents’ challenging behaviours. The resident population includes some residents with minor dementia related illness, cognitive decline, intellectual disability and psychiatric illness. Staff state they receive adequate education to assist them manage residents with challenging behaviours and keep disturbances to other residents to a minimum. Due to its hostel like environment, residents are risk assessed for potential wandering behaviours before being deemed suitable for the home. Residents report

the management of challenging behaviours is good and the behaviour of other residents does not disturb their sleep or impact on their own wellbeing.

#### **2.14 Mobility, dexterity and rehabilitation**

*This expected outcome requires that “optimum levels of mobility and dexterity are achieved for all residents”.*

##### **Team’s findings**

The home meets this expected outcome

Staff provide care that promotes residents’ mobility and dexterity. Assessment of each resident’s mobility and dexterity needs occurs upon entry to the home and the provision of mobility aids is available if needed. Physiotherapy services are utilised to assess all residents’ mobility and dexterity and reviews occur regularly. Assistive devices such as those for eating are available and their use promoted. Observations by the team and confirmation by staff indicate adequate mobility and dexterity aids to cater for residents’ needs. In-bed mobility aids such as bed poles are used to give residents independence in moving in and out of bed. The physiotherapist assesses and reviews the safety and appropriateness of these aids for each one used. Residents report that staff support their mobility and dexterity if needed and help them to maintain their independence in this area with the assistance of aids if required.

#### **2.15 Oral and dental care**

*This expected outcome requires that “residents’ oral and dental health is maintained”.*

##### **Team’s findings**

The home meets this expected outcome

Staff assistance ensures the maintenance of optimal oral and dental health for residents. Assessments for oral and dental needs and preferences occur on entry and development of plans of care occurs around these assessed needs. Staff consider the assistance required for daily care of teeth, mouth and dentures as appropriate. Referral to attend dentists and dental technicians occurs as required and staff assistance to attend outside appointments is available for residents if needed. Staff assist and prompt residents with daily dental hygiene and observe and document any relevant dental issues. During the palliative phase, the home ensures the provision of extra oral and dental assistance. Formulation of specific management strategies for residents with swallowing difficulties occurs and may include the provision of texture modified diets and staff assistance with meals. Residents confirm staff provide assistance with their swallowing, oral and dental hygiene.

#### **2.16 Sensory loss**

*This expected outcome requires that “residents’ sensory losses are identified and managed effectively”.*

##### **Team’s findings**

The home meets this expected outcome

Assessment and management of residents’ sensory losses occurs across all five senses. Sensory deficit assessments occur on entry to the home and as changes in care needs require. Staff assist residents to attend appointments with their own preferred provider if required. The home accesses specialist providers for such things as hearing and vision assessments. Staff assist residents with their sensory aids including hearing aids and glasses. The home is uncluttered, has good lighting, adequate handrails and accessible

signage. Staff are aware of individual needs and assist residents who require help with care, maintenance, fitting and cleaning of aids and devices. Residents' state staff assist with their sensory loss needs.

## **2.17 Sleep**

*This expected outcome requires that "residents are able to achieve natural sleep patterns".*

### **Team's findings**

The home meets this expected outcome

Staff ensure the natural and non-invasive management of residents' sleep. Assessment of normal sleep and wake patterns for the individual residents occurs on entry to the home and as practicable support of these pre entry patterns occurs through the care planning process. Review of sleep requirements occurs through the care plan review process and sleep charting as required. Promotion of sleep occurs through a variety of methods including medication, settling routines and the provision of snacks and warm drinks. Residents stated the home is quiet at night, their preferred wake and sleep times are respected where practical and they generally sleep well.

### **Standard 3 – Resident lifestyle**

**Principle:** Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve control of their own lives within the residential care service and in the community.

#### **3.1 Continuous improvement**

*This expected outcome requires that “the organisation actively pursues continuous improvement”.*

##### **Team’s findings**

The home meets this expected outcome

Management actively pursue continuous improvement activities in relation to all aspects of residents’ lifestyle. Residents express satisfaction with the support provided to enhance control of their lives. Refer to Expected outcome 1.1 Continuous improvement for details of the service’s continuous improvement systems.

Examples of recent improvements undertaken or in progress that relate to Standard 3 Resident lifestyle include the following:

- Following a resident’s observation about the value of ‘peace and quiet’, lifestyle staff implemented a ‘quiet time’ in the lounge between 4.00pm and 4:30pm. Signs in the sitting area remind staff to observe this relaxation time and residents value this change of pace.
- In response to residents’ requests the swimming process was reintroduced. Residents wishing to swim and those who enjoy watching travel by bus to a heated pool 20 minutes away. Following refreshments, staff escort the residents home. Residents confirm and we observed the enthusiasm for this activity. Lifestyle staff report residents who regularly swim are more confident and report improved mobility and less pain. As a result of the program’s success, lifestyle staff plan to investigate the possibility of developing a water exercise program with the physiotherapist. Evaluation is ongoing.
- In response to the residents’ survey the frequency of the regular shopping outing increased from monthly to fortnightly. Staff report residents not wishing to shop enjoy the opportunity to have a coffee break. Residents enjoy the opportunity to visit the shops more frequently.
- Lifestyle staff recognised the existing music library did not cater for the musical tastes of the younger residents (60 – 70 year of age). As a result, an iPod system with karaoke capabilities now provides a greater variety of music. Residents and staff report this is a popular feature of happy hour; especially for those residents with younger musical tastes.

#### **3.2 Regulatory compliance**

*This expected outcome requires that “the organisation’s management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about resident lifestyle”.*

##### **Team’s findings**

The home meets this expected outcome

Management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about resident lifestyle. Refer to expected outcome 2.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

Examples of responsiveness to regulatory compliance relating to Standard 3 Resident lifestyle include the following:

- Management offer an agreement to each residents or their representative/s on entry to the home and demonstrate respect for security of tenure.
- Residents receive information on their rights and responsibilities, privacy and consent issues in their information booklet and residential agreement.
- There is a system for mandatory reporting of elder abuse and management provides mandatory training in elder abuse.

### **3.3 Education and staff development**

*This expected outcome requires that "management and staff have appropriate knowledge and skills to perform their roles effectively".*

#### **Team's findings**

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development systems and processes.

Education conducted relating to Standard 3 Resident lifestyle includes:

- consumers' perspective for staff
- cultural awareness
- missing residents.

### **3.4 Emotional support**

*This expected outcome requires that "each resident receives support in adjusting to life in the new environment and on an ongoing basis".*

#### **Team's findings**

The home meets this expected outcome

Management have systems in place to ensure each resident receives initial and ongoing emotional support. Staff provide a guided tour to all residents and representatives on entry with introductions to residents and other staff. In collaboration with the resident and their representative staff assess emotional needs. This information is the basis for the care plan which is regularly evaluated and updated. Each resident is encouraged to personalise their room, supported to maintain and build friendships and visitors are welcomed to the home. We observed staff interacting with residents in a caring and supportive manner. Staff demonstrate care for families and awareness of residents' preferences and emotional needs. Residents spoke highly of the support provided by management and staff.

### **3.5 Independence**

*This expected outcome requires that "residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service".*

#### **Team's findings**

The home meets this expected outcome

Management and staff provide support and assistance to residents to achieve maximum independence, maintain friendships and links to communities and events within and outside the home. In collaboration with the resident and their representative staff assess physical

and social independence needs. This information is the basis for the care plan which is regularly evaluated and updated. Strategies to maximise residents' independence include assisting residents use mobility and sensory aids, attend outings, and maintain their civic responsibilities. Authorised representatives support residents unable to represent themselves. The lifestyle program promotes independence and socialisation. Residents are satisfied with the respect shown by staff for their choices and the support they receive to maintain their independence.

### **3.6 Privacy and dignity**

*This expected outcome requires that "each resident's right to privacy, dignity and confidentiality is recognised and respected".*

#### **Team's findings**

The home meets this expected outcome

Management and staff ensure each resident's right to privacy, dignity and confidentiality is recognised and respected. The home displays the charter of residents' rights and responsibilities and documents it in the resident handbook. On entry to the home residents receive information on privacy matters and give consent for use of their photograph and other information. Residents are encouraged to personalise their own space and enjoy quiet time with visitors. We observed staff ensuring privacy and dignity by knocking on doors prior to entering resident rooms. Staff demonstrate confidential management of resident information and handover practices and displayed sensitivity and respect when interacting with residents. Residents expressed satisfaction with the level of respect staff demonstrate for their privacy, dignity and confidentiality.

### **3.7 Leisure interests and activities**

*This expected outcome requires that "residents are encouraged and supported to participate in a wide range of interests and activities of interest to them".*

#### **Team's findings**

The home meets this expected outcome

Residents are encouraged and supported to participate in a wide range of activities and special celebrations which are of interest to them. In consultation with residents and representatives the assessment process identifies individual resident's interests, cultural, spiritual and lifestyle needs. The subsequent personalized care plan is regularly reviewed. Lifestyle staff plan, develop and deliver activities that include special events, celebratory and cultural occasions, individual and group activities to meet residents' preferences and capabilities. A monthly resident newsletter details upcoming events and activities and the lifestyle program well advertised; including swimming, bus outings and visiting entertainers. During the visit we observed residents enjoying a variety of organised activities. Residents expressed satisfaction with the lifestyle program and the various activities on offer.

### **3.8 Cultural and spiritual life**

*This expected outcome requires that "individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered".*

#### **Team's findings**

The home meets this expected outcome

Management and staff value and foster individual resident interests, customs, beliefs and cultural and ethnic backgrounds. Staff develop a regularly reviewed care plan to meet

residents' cultural and spiritual needs and preferences in consultation with residents and representatives. Church service occurs regularly and residents who choose to participate in spiritual practices receive individual support. Cultural events of significance and birthdays are celebrated and planned throughout the year. Staff consults with residents about their end of life wishes and document this information in each resident's file. The home celebrates residents' birthdays according to their preference and welcomes involvement from families. Residents confirm their satisfaction with the support provided to meet their cultural and spiritual needs.

### **3.9 Choice and decision-making**

*This expected outcome requires that "each resident (or his or her representative) participates in decisions about the services the resident receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people".*

#### **Team's findings**

The home meets this expected outcome

Management and staff support and encourage residents to exercise choice and control over their lifestyle, while not infringing on the rights of others. A comprehensive handbook informs and assists residents and representatives in their decision-making and the 'Charter of Residents' Rights and Responsibilities' is prominently displayed. Staff document resident preferences in relation to all aspects of daily living and regular care plan evaluation ensures capture of changes to resident preferences. Management encourages residents' feedback in person, through the service's feedback form and at resident and family meetings. Staff assist and support residents to maintain their preferred lifestyle and respect their daily choices. Residents are satisfied with the choices and decisions they are able to make about their care and lifestyle.

### **3.10 Resident security of tenure and responsibilities**

*This expected outcome requires that "residents have secure tenure within the residential care service, and understand their rights and responsibilities".*

#### **Team's findings**

The home meets this expected outcome

Management ensures residents have secure tenure and understand their rights and responsibilities. Residents and representatives receive a comprehensive handbook which details information relating to their rights and responsibilities, security of tenure, complaints mechanisms, privacy and confidentiality. Residents and/or their representative sign a residency agreement which details their rights and responsibilities, situations which may terminate the agreement and documents care and services provided. A process of consultation and agreement precedes a change in a resident's room or agreement. Staff demonstrated an understanding of residents' rights and responsibilities. Residents confirmed their understanding of their rights and responsibilities.

## **Standard 4 – Physical environment and safe systems**

**Principle:** Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

### **4.1 Continuous improvement**

*This expected outcome requires that “the organisation actively pursues continuous improvement”.*

#### **Team’s findings**

The home meets this expected outcome

Management actively pursues continuous improvement activities related to all aspects of the physical environment and safe systems. Residents are satisfied with the comfort and safety of the living environment and the quality of the catering, laundry and environmental services provided at the home. Refer to Expected outcome 2.1 Continuous improvement for details of the service’s continuous improvement systems.

Examples of recent improvements undertaken or in progress that relate to Standard 4 Physical environment and safe systems include the following:

- Recognising the lack of upkeep to the décor of the home over many years, management successfully applied for a grant to focus on improving the residents’ environment. The purchase of new dining and lounge furniture has provided more comfortable and modern feel to the communal areas. Redesign of the layout of the lounge area has resulted in increased use of this comfortable space. The repair of a long term leak in the roof facilitated replastering of the affected area in the ceiling. Carpet and vinyl replaced flooring throughout the common and office areas. To further enhance the dining area blackboards advertise the menu and information of interest. Residents are complimentary about the comfort of the new furniture and the brighter atmosphere in the dining area. Management is satisfied with the outcome of the refurbishment to date and plans to use the remaining funds to repaint the remaining interior of the home. Evaluation is ongoing.
- Management recognised that the previous requirement for care staff to also undertake cleaning duties was not providing a consistent standard of cleanliness throughout the home. As a result a full time cleaner has been appointed and undertakes cleaning duties Monday to Friday. Staff and residents report satisfaction with the improved standard of cleanliness and staff appreciates the increased time available to provide resident care. Evaluation continues.
- To enhance infection control measures at the home management provided body fluid spill kits to each of the three houses and developed a regular schedule for the pick up of infectious waste and sharps. Staff confirm their knowledge of the use of the spill kits. Management reported that staff are promptly restocking the kits and regular collection of infectious waste ensures regular supply of storage containers.
- To complement the regular essential services maintenance process, management implemented a register to track resolution of fire panel fault light activations. Documented on the new pink coloured maintenance report form, these incidents are logged by administration staff and signed off when the fault is rectified. Management report satisfaction with this enhancement to the maintenance system.



## **4.2 Regulatory compliance**

*This expected outcome requires that “the organisation’s management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about physical environment and safe systems”.*

### **Team’s findings**

The home meets this expected outcome

Management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about physical environment and safe systems. Refer to expected outcome 2.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

Examples of responsiveness to regulatory compliance relating to Standard 4 physical environment and safe systems include the following:

- A food safety program is in place and the catering service has current third party and Council food safety certificates.
- Chemicals are stored safely in secure areas and current material safety data sheets are available.
- Key clinical staff monitored and maintained infection control standards.
- Management ensures staff completes annual mandatory training in fire and emergency procedures.
- Management has an occupational health and safety system in place and actively promote occupational health and safety.
- Regular monitoring and maintenance of fire and safety systems occurs and the home has a current ‘Annual essential safety measures report’.

## **4.3 Education and staff development**

*This expected outcome requires that “management and staff have appropriate knowledge and skills to perform their roles effectively”.*

### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home’s education and staff development systems and processes.

Education conducted relating to Standard 4 Physical environment and safe systems includes:

- fire and emergency training
- food handling
- infection control
- support for a staff member to attend a five day course on occupational health and safety course.

#### **4.4 Living environment**

*This expected outcome requires that "management of the residential care service is actively working to provide a safe and comfortable environment consistent with residents' care needs".*

##### **Team's findings**

The home meets this expected outcome

Management of the home is actively working towards providing a safe and comfortable living environment for all residents. Residents are accommodated in single rooms with their own ensuite and a courtyard. Residents are encouraged to personalise their rooms. Management assesses internal and external living areas through observation, feedback and auditing processes and responds to findings in a timely manner. Staff report hazards if identified and conduct scheduled and whenever necessary cleaning and maintenance in an appropriate and timely manner. We observed the environment to be comfortable and relaxed, with well-maintained gardens and external living areas. The team observed a clean living environment with minimal noise or disruption throughout the home. Residents are satisfied with the security and comfort at the home.

#### **4.5 Occupational health and safety**

*This expected outcome requires that "management is actively working to provide a safe working environment that meets regulatory requirements".*

##### **Team's findings**

The home meets this expected outcome

Management is actively working to provide a safe working environment that meets regulatory requirements. Information regarding occupational health and safety is included in the home's orientation program, annual mandatory education programs and is a standing agenda item for staff meetings. Management uses incident reporting and workplace assessments to identify and minimise the impact of workplace hazards. There are ample and appropriate supplies of personal protective equipment and a system of corrective and preventative maintenance is in place to ensure the safety of equipment and furnishings. Chemicals are stored securely, staff are trained in their safe handling and current material safety data sheets are readily available. Staff demonstrate an understanding of occupational health and safety principles and safe work practices.

#### **4.6 Fire, security and other emergencies**

*This expected outcome requires that "management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks".*

##### **Team's findings**

The home meets this expected outcome

Management and staff are actively working to provide an environment and safe systems of work that minimise, fire, security and emergency risks. Documentation confirms external contractors conduct regular maintenance to all fire detection and fighting equipment. Management have displayed evacuation plans and fire orders throughout the building and an evacuation kit and current residents' list are available. Emergency exits are clearly marked, free from obstruction, well lit and secure. Auditing processes monitor the safety and security of the living environment. Chemicals and oxygen are stored appropriately and securely. All staff undertake annual mandatory fire and emergency and demonstrated appropriate knowledge of emergency and evacuation procedures. Residents confirmed their confidence in the ability of staff to respond to an emergency.

#### **4.7 Infection control**

*This expected outcome requires that there is "an effective infection control program".*

##### **Team's findings**

The home meets this expected outcome

The home has an effective infection control program. The home offers training in infection control and staff have access to personal protective equipment, hand washing facilities and gel dispensers. Management monitors antibiotic use and keeps a register of infections. Kitchen, cleaning and laundry practices follow current infection control guidelines. The home has a food safety program and there are regular pest control inspections. Staff confirmed they receive education in infection control and demonstrated an awareness of appropriate infection control practices relevant to their duties.

#### **4.8 Catering, cleaning and laundry services**

*This expected outcome requires that "hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment".*

##### **Team's findings**

The home meets this expected outcome

The home has systems to provide hospitality services which support residents' quality of life and enhance the working environment for staff. All meals are prepared on-site daily under the guidance of a registered food safety plan. This home offers a balanced diet taking into consideration residents' specific nutritional and hydration requirements, food allergies, food preferences, modified dietary requirements and alternative options. Food handling occurs in line with the dietitian-approved menu. The cleaners maintain cleaning schedules to ensure cleaning tasks are completed and we observed the home to be clean and odor free during the visit. Washing of residents' personal clothing occurs on site and there are washing machines and dryers available for residents to do their own washing if they desire. An external contractor services linen. Residents interviewed stated they are happy with the meals and felt they have choice when it comes to the food available. Residents also confirmed satisfaction with the cleaning and laundry services provided by the home.